

**APPLICATION TO AMEND THE TEXT OR MAP
OF THE AIKEN COUNTY ZONING AND
DEVELOPMENT STANDARDS ORDINANCE**

1. This application is to request an amendment to the: (check one)

Ordinance Map (fill in all items except #8)

Ordinance Text (fill in items #8 and #9 only)

2. Address of property involving a map zoning classification change:

Tax Parcel No: _____

3. Current zoning classification of property: _____ District

4. Current use of property: _____

5. Proposed zoning classification change: _____ District

6. Proposed use of property: _____

7. Does the applicant own the property proposed for this change?" "Yes" "No"

If No, give the name and address of the property owner, and attach written authorization to file this application: _____

8. If this involves a change in the Ordinance text, what section or sections will be affected?

Section 24-_____

9. Describe the proposed change and the reasons for the change:

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

APPLICANT'S NAME (PRINT)

ADDRESS: _____

DATE: _____
PHONE: _____

SIGNATURE: _____

Official Use Only

Do Not Write In This Space

Application No: _____ Date Received: _____ Fee Paid: _____